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National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Claim Status Request and Response

276/277

ASC X12N 276/277 (004010X093A1)

August 2002 • Final Review Draft

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1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Claim Status Request and Response Implementation Guide, originally published May 2000 as 004010X093. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their Review.

Appropriate modifications make up the contents of this Final Review Draft Addenda to the X12N 004010X093 Implementation Guide published in May 2000. Since this guide is named for use under HIPAA, the original NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process beginning on May 31, 2002, just as the original Implementation Guide did. This Final Draft Review Addenda reflects changes as a direct result of the comments received during the NPRM and is now being proposed as final addenda to the guide published by X12N. Only the modification noted in the NPRM Draft Addenda were considered in the NPRM. Once this Final Review Draft Addenda is approved for publication by X12N, the value used in GS08 will be "004010X093A1".

Text Revised

Each of the changes proposed to be made to the 004010X093 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. Each of the changes to the 004010X093 Implementation Guide as a result of comments received during the NPRM process have been annotated with a note in blue and a line pointing to the location of the change. For convenience, the affected 004010X093 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material each addenda page may not begin or end at the same place as the original referenced page. Because of this, addenda pages are not page for page replacements and the original pages should be retained.

Please note that changes in the addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but are not identified in these draft addenda. Changes in the addenda may also have caused changed to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), but are not identified in these draft addenda.

Note Changed

TRN02 = 1722634842
The value shown is a unique trace or reference number from the originator of the transaction. This number is to be returned by the receiver of the transaction. An example is an internal patient control number or other unique identifier within the originators system.

2.2.3.3.2 REF Segment at the Claim Level

Note Changed

The REF segment identifies the specific claim in question. The payer's primary identifier frequently - payer claim control number - and the institutional type of bill, which is a supplemental identifier, are found in the REF segment. The medical record number, a supplemental identifier for the provider's use, also is located in the REF segment. The REF segment can be repeated a maximum of three times in this location.

The following are coding examples of the REF segment:

```
REF*1K*9918046987~
REF*BLT*131~
REF*EA*JS980503LAB~
```

Payer's claim control number
Institutional type of bill
Provider's medical record number

```
REF*1K*9918046987~
```

Note Changed

Within the REF,

REF01 = 1K
This value indicates that the next data element contains the payer's assigned claim number.

REF02 = 9918046987
The value shown is the actual claim number assigned by the payer for this claim. In subsequent transaction set exchanges involving this claim, the provider returns the value found in this element to the payer. The payer locates the "key" data element (i.e., the claim number in this element) for his or her data files/databases.

When REF01 is BLT, REF02 contains the institutional type of bill (e.g., 131).

When REF01 is EA, REF02 contains the patient's medical record number assigned by the provider.

The sequence of the appearance of 1K, BLT or EA segments is not significant, but the segments must be contiguous.

2.2.3.3.3 AMT Segment

The AMT segment indicates the total monetary amount of the billed services on the claim.

The following is a coding example of the AMT segment:

```
AMT*T3*75~
```

Within the AMT,

AMT01 = T3
This is the amount code qualifier. When it is populated with T3, the subsequent data value is known to be total submitted charges.

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D SUBSCRIBER LEVEL			>1
70	010	HL	Subscriber Level	R	1	
72	040	DMG	Subscriber Demographic Information	S	1	
			LOOP ID - 2100D SUBSCRIBER NAME Loop Repeat Changed			1
74	050	NM1	Subscriber Name	R	1	
			LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER			>1
77	090	TRN	Claim Submitter Trace Number Usage Changed	S	1	
78	100	REF	Payer Claim Identification Number	S	1	
80	100	REF	Institutional Bill Type Identification	S	1	
82	100	REF	Medical Record Identification	S	1	
84	100	REF	Group Number	S	1	
85	110	AMT	Claim Submitted Charges	S	1	
87	120	DTP	Claim Service Date	S	1	
			LOOP ID - 2210D SERVICE LINE INFORMATION			>1
89	130	SVC	Service Line Information	S	1	
92	140	REF	Service Line Item Identification	S	1	
94	150	DTP	Service Line Date	R	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E DEPENDENT LEVEL			>1
95	010	HL	Dependent Level	S	1	
97	040	DMG	Dependent Demographic Information	R	1	
			LOOP ID - 2100E DEPENDENT NAME Loop Repeat Changed			1
99	050	NM1	Dependent Name	R	1	
			LOOP ID - 2200E CLAIM SUBMITTER TRACE NUMBER			>1
102	090	TRN	Claim Submitter Trace Number	R	1	
104	100	REF	Payer Claim Identification Number	S	1	
106	100	REF	Institutional Bill Type Identification	S	1	
108	100	REF	Medical Record Identification	S	1	
110	110	AMT	Claim Submitted Charges	S	1	
112	120	DTP	Claim Service Date	S	1	
			LOOP ID - 2210E SERVICE LINE INFORMATION			>1
114	130	SVC	Service Line Information	S	1	
118	140	REF	Service Line Item Identification	S	1	
119	150	DTP	Service Line Date	S	1	
121	160	SE	Transaction Set Trailer	R	1	

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2100D — SUBSCRIBER NAME** **Repeat:** **1** —— Loop Repeat Changed

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*QC*1*SMITH*FRED****MI*123456789A~ or**
NM1*IL*1*SMITH*ROBERT**MI*9876543210~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 050

Loop: 2100 **Repeat:** >1

Requirement: Optional

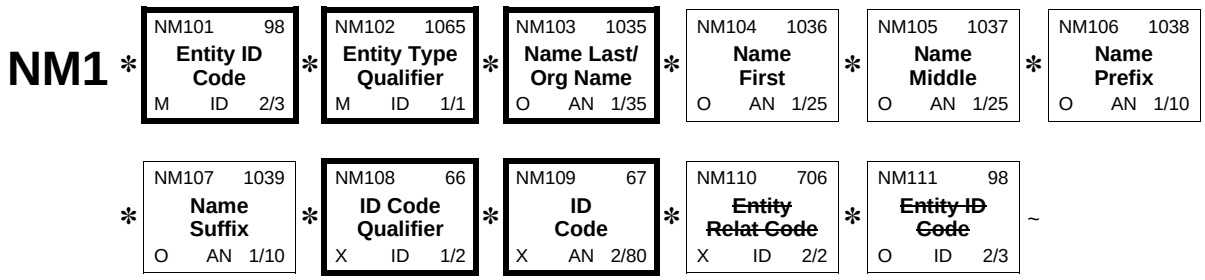
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
IL	**Insured or Subscriber**
QC	**Patient** **Use this code only when the subscriber is the patient.**

IMPLEMENTATION

CLAIM SUBMITTER TRACE NUMBER

Loop: **2200D — CLAIM SUBMITTER TRACE NUMBER** **Repeat:** **>1**

Usage: **SITUATIONAL** —— Usage Changed

Repeat: **1**

Notes:

1. **Use of this segment is required if the subscriber is the patient.**
2. **Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.**
3. **The TRN segment is required by the ASC X12 syntax when Loop ID-2200 is used.**

Example: **TRN*1*1722634842~**

STANDARD

TRN Trace

Level: Detail

Position: 090

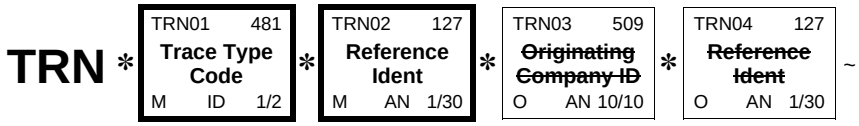
Loop: 2200 **Repeat:** >1

Requirement: Optional

Max Use: 1

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN01**	**481**	**Trace Type Code** Code identifying which transaction is being referenced	**M ID 1/2**
			CODE / DEFINITION **1 — Current Transaction Trace Numbers**	
REQUIRED	**TRN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Trace Number*** SEMANTIC: TRN02 provides unique identification for the transaction.	**M AN 1/30**
NOT USED	**TRN03**	**509**	**Originating Company Identifier**	**O AN 10/10**
NOT USED	**TRN04**	**127**	**Reference Identification**	**O AN 1/30**

IMPLEMENTATION

PAYER CLAIM IDENTIFICATION NUMBER

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Use this only if the subscriber is the patient.**

2. **This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.**

New Note 3. Added

3. **The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.**

New Note 4. Added

4. **The total number of REF segments in the 2200 Loop cannot exceed 3.**

Example: **REF*1K*9918046987~**

STANDARD

REF Reference Identification

Level: Detail

Position: 100

Loop: 2200

Requirement: Optional

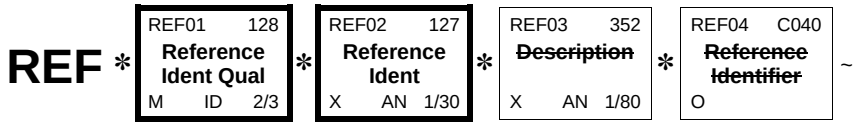
Max Use: 3

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



IMPLEMENTATION

INSTITUTIONAL BILL TYPE IDENTIFICATION

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment is the institutional type of bill as submitted on the original claim, and the payer may use it as a primary lookup key.**
2. **Only use this segment if the subscriber is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.**

New Note 3. Added

3. **The total number of REF segments in the 2200 Loop cannot exceed 3.**

Example: REF*BLT*111~

STANDARD

REF Reference Identification

Level: Detail

Position: 100

Loop: 2200

Requirement: Optional

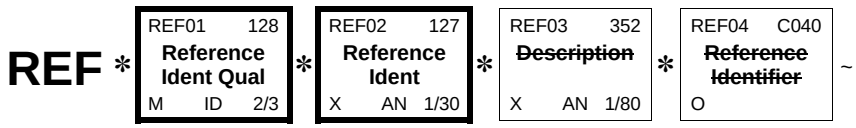
Max Use: 3

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
BLT	Billing Type

IMPLEMENTATION

MEDICAL RECORD IDENTIFICATION

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
2. Use this only if the subscriber is the patient.

New Note 3. Added
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example: REF*EA*J354789~

STANDARD

REF Reference Identification

Level: Detail

Position: 100

Loop: 2200

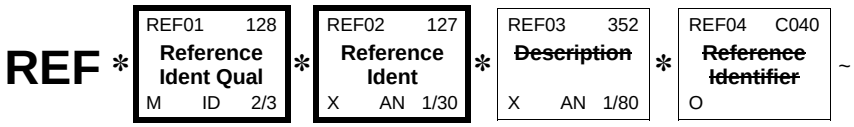
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
EA	**Medical Record Identification Number**

IMPLEMENTATION

GROUP NUMBER

New REF segment added

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. This REF segment is used to identify the location or Application System Number believed to contain the claim being inquired upon.

   For example, if a payer has multiple adjudication systems processing the same type of claim (e.g. professional or Institutional) and this Location Number points to the proper system that contains information about the claim being inquired upon.

   In Institutional claim situations where REF01 contains LU the inquirer must determine which REF segment (Bill Type or Medical Record Number) not to be included in the inquiry transaction.

2. The total number of REF segments in the 2200 loop cannot exceed 3.

Example: REF*LU*SYS5963~

STANDARD

REF Reference Identification

Level: Detail

Position: 100

Loop: 2200

Requirement: Optional

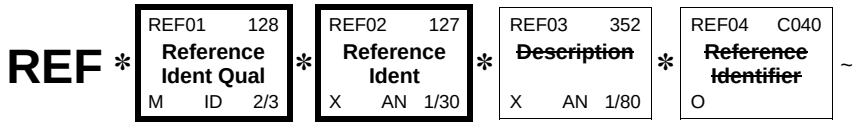
Max Use: 3

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
LU	Location Number

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Group Number*** **SYNTAX:** R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

DEPENDENT NAME

Loop: **2100E — DEPENDENT NAME** **Repeat:** **1** Loop Repeat Changed

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*QC*1*SMITH*JOSEPH*L***MI*12345678902~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 050

Loop: 2100 **Repeat:** >1

Requirement: Optional

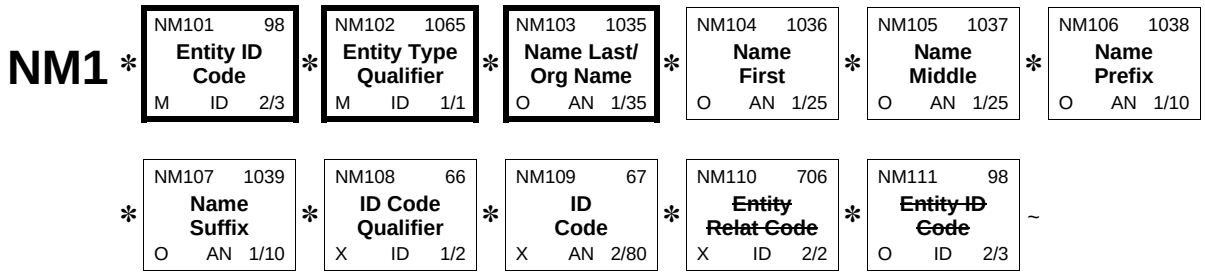
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE / DEFINITION **QC** **Patient**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M ID 1/1**
			CODE / DEFINITION **1** **Person**	

IMPLEMENTATION

PAYER CLAIM IDENTIFICATION NUMBER

Loop: 2200E — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Note Changed

Notes:

1. **Use this segment only if the patient is someone other than the subscriber.**

2. **This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN).**

3. **The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.**

New Note 4. Added

4. **The total number of REF segments in the 2200 Loop cannot exceed 3.**

Example: REF*1K*9918046987~

STANDARD

REF Reference Identification

Level: Detail

Position: 100

Loop: 2200

Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM

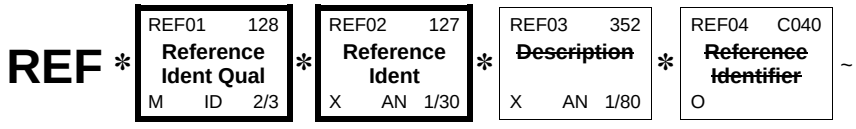


Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D SUBSCRIBER LEVEL			>1
148	010	HL	Subscriber Level	R	1	
150	040	DMG	Subscriber Demographic Information	S	1	
			LOOP ID - 2100D SUBSCRIBER NAME	Loop Repeat Changed		1
152	050	NM1	Subscriber Name	R	1	
			LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER			>1
155	090	TRN	Claim Submitter Trace Number	Usage Changed S	1	
156	100	STC	Claim Level Status Information	R	1	
167	110	REF	Payer Claim Identification Number	S	1	
169	110	REF	Institutional Bill Type Identification	S	1	
171	110	REF	Medical Record Identification	S	1	
173	120	DTP	Claim Service Date	S	1	
			LOOP ID - 2220D SERVICE LINE INFORMATION			>1
175	180	SVC	Service Line Information	S	1	
179	190	STC	Service Line Status Information	S	1	
189	200	REF	Service Line Item Identification	S	1	
190	210	DTP	Service Line Date	S	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E DEPENDENT LEVEL			>1
192	010	HL	Dependent Level	S	1	
194	040	DMG	Dependent Demographic Information	R	1	
			LOOP ID - 2100E DEPENDENT NAME	Loop Repeat Changed		1
196	050	NM1	Dependent Name	R	1	
			LOOP ID - 2200E CLAIM SUBMITTER TRACE NUMBER			>1
199	090	TRN	Claim Submitter Trace Number	R	1	
201	100	STC	Claim Level Status Information	R	1	
212	110	REF	Payer Claim Identification Number	R	1	
214	110	REF	Institutional Bill Type Identification	S	1	
216	110	REF	Medical Record Identification	S	1	
218	120	DTP	Claim Service Date	S	1	
			LOOP ID - 2220E SERVICE LINE INFORMATION			>1
220	180	SVC	Service Line Information	S	1	
223	190	STC	Service Line Status Information	S	1	
233	200	REF	Service Line Item Identification	S	1	
234	210	DTP	Service Line Date	S	1	
236	270	SE	Transaction Set Trailer	R	1	

IMPLEMENTATION

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2000D — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL** — Usage changed from Required to Situational

Repeat: **1**

Notes: **1. Required when the subscriber is the patient. Not used when the subscriber is not the patient.** — New Note

Example: **DMG*D8*19330706*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 040

Loop: 2000

Requirement: Optional

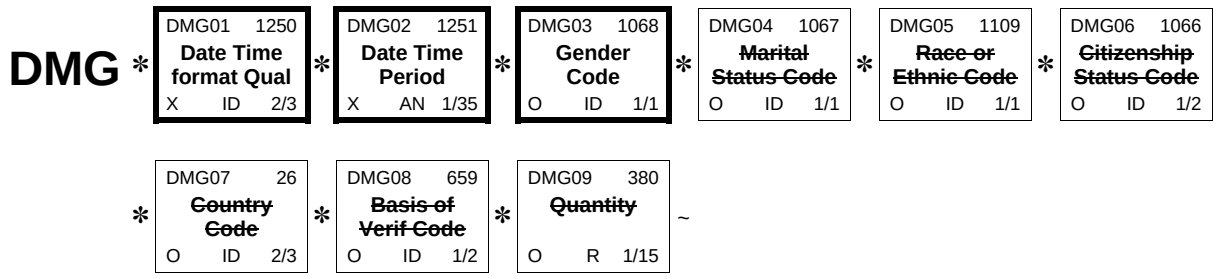
Max Use: 1

Purpose: To supply demographic information

Set Notes: **1.** The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

Syntax: **1. P0102**
If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2100D — SUBSCRIBER NAME** **Repeat:** **1** Loop Repeat Changed

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*QC*1*SMITH*FRED****MI*123456789A~ or**
NM1*IL*1*SMITH*ROBERT**MI*9876543210~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 050

Loop: 2100 **Repeat:** >1

Requirement: Optional

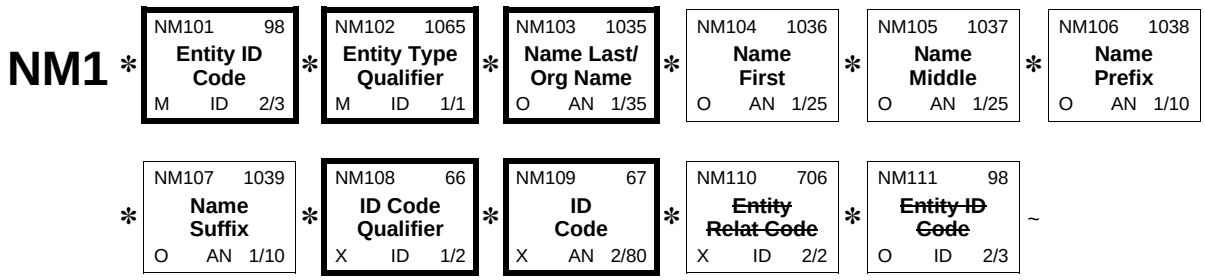
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
IL	**Insured or Subscriber**
QC	**Patient** **Use this only when the subscriber is the patient.**

IMPLEMENTATION

CLAIM SUBMITTER TRACE NUMBER

Loop: **2200D — CLAIM SUBMITTER TRACE NUMBER** **Repeat:** **>1**

Usage: **SITUATIONAL** —— Usage Changed

Repeat: **1**

Notes:

1. **Use of this segment is required if the subscriber is the patient.**
2. **This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.**
3. **The TRN segment is required by the ASC X12 syntax when Loop ID-2200 is used.**

Example: **TRN*2*172263482~**

STANDARD

TRN Trace

Level: Detail

Position: 090

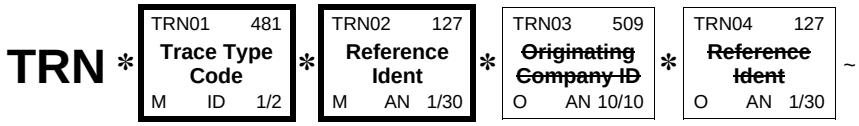
Loop: 2200 **Repeat:** >1

Requirement: Optional

Max Use: 1

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN01**	**481**	**Trace Type Code** Code identifying which transaction is being referenced CODE / DEFINITION **2 — Referenced Transaction Trace Numbers**	**M ID 1/2**
REQUIRED	**TRN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Trace Number*** SEMANTIC: TRN02 provides unique identification for the transaction.	**M AN 1/30**
NOT USED	**TRN03**	**509**	**Originating Company Identifier**	**O AN 10/10**
NOT USED	**TRN04**	**127**	**Reference Identification**	**O AN 1/30**

IMPLEMENTATION

PAYER CLAIM IDENTIFICATION NUMBER

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Use this only if the subscriber is the patient.**
2. **This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.**

New Note 3. Added

3. **The total number of REF segments in the 2200 Loop cannot exceed 3.**

Example: REF*1K*9918046987~

STANDARD

REF Reference Identification

Level: Detail

Position: 110

Loop: 2200

Requirement: Optional

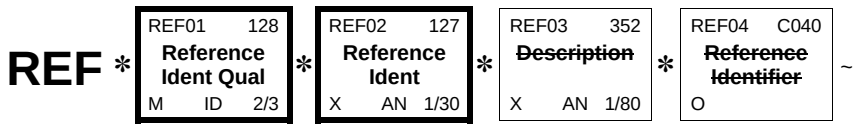
Max Use: 3

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

Examples of this element include: ICN, DCN and CCN.

CODE	DEFINITION
1K	**Payor's Claim Number** **This data element corresponds to the value given in the ANSI ASC X12 837 transaction in CLM01.**

IMPLEMENTATION

INSTITUTIONAL BILL TYPE IDENTIFICATION

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This is the institutional type of bill from the original submitted claim, and it is returned when it is available.
2. Use when subscriber is the patient.

New Note 3. Added
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example: REF*BLT*111~

STANDARD

REF Reference Identification

Level: Detail

Position: 110

Loop: 2200

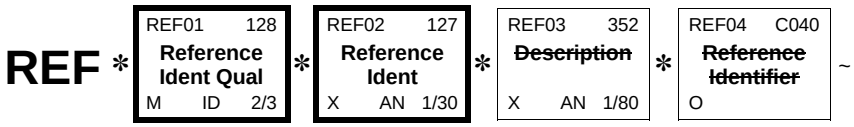
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
BLT	**Billing Type**

IMPLEMENTATION

MEDICAL RECORD IDENTIFICATION

Loop: 2200D — CLAIM SUBMITTER TRACE NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This is the Medical Record number submitted on the original claim and should be returned when available from the the submitted claim.
2. Use this only when the subscriber is the patient.

New Note 3. Added
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example: REF*EA*J354789~

STANDARD

REF Reference Identification

Level: Detail

Position: 110

Loop: 2200

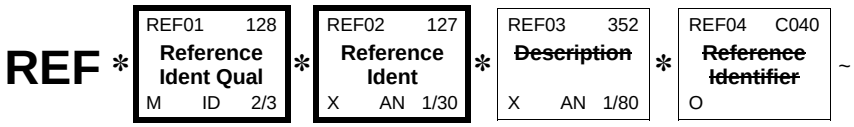
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
EA	**Medical Record Identification Number**

IMPLEMENTATION

DEPENDENT NAME

Loop: **2100E — DEPENDENT NAME** **Repeat:** **1** ——— Loop Repeat Changed

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*QC*1*SMITH*JOSEPH****MI*01234567802~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 050

Loop: 2100 **Repeat:** >1

Requirement: Optional

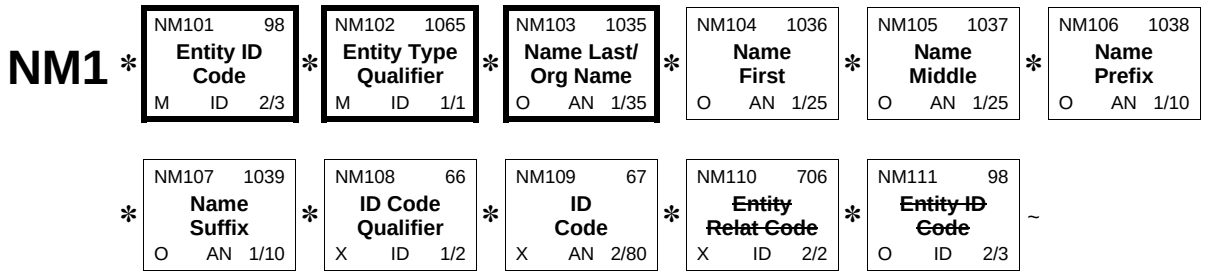
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE / DEFINITION **QC** — **Patient**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M ID 1/1**
			CODE / DEFINITION **1** — **Person**	

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

New note

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

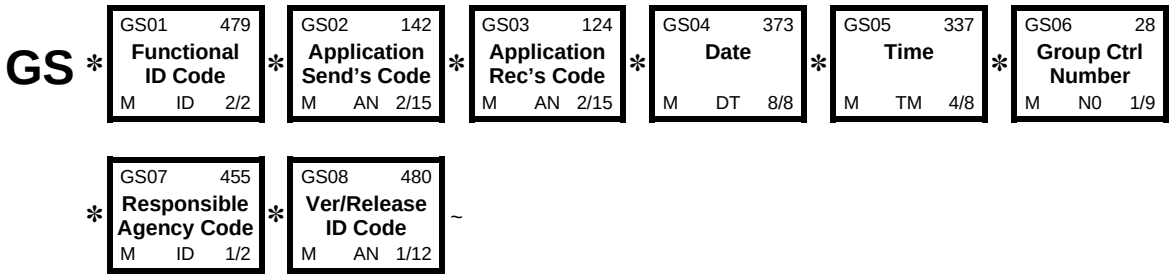
Example: **GS*HN*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X093A1~** ——— Changed example

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	**Functional Identifier Code** Code identifying a group of application related transaction sets CODE / DEFINITION HN — Health Care Claim Status Notification (277) HR — Health Care Claim Status Request (276)	M ID 2/2
REQUIRED	GS02	142	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners **Use this code to identify the unit sending the information.**	M AN 2/15
REQUIRED	GS03	124	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners **Use this code to identify the unit receiving the information.**	M AN 2/15
REQUIRED	GS04	373	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date. **Use this date for the functional group creation date.**	M DT 8/8

REQUIRED **GS05** **337** **Time** **M** **TM** **4/8**

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SEMANTIC: GS05 is the group time.

Use this time for the creation time. The recommended format is HHMM.

REQUIRED **GS06** **28** **Group Control Number** **M** **N0** **1/9**

Assigned number originated and maintained by the sender

SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

REQUIRED **GS07** **455** **Responsible Agency Code** **M** **ID** **1/2**

Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED **GS08** **480** **Version / Release / Industry Identifier Code** **M** **AN** **1/12**

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

CODE	DEFINITION
004010X093A1	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.** **This is a Draft Addenda to the X12N 004010X093 Implementation Guide published in May 2000 and not yet intended for implementation. Since the 004010X093 guide is named for use under HIPAA, this Draft Addenda must go through a Notice of Proposed Rule Making (NPRM) process, just as the original Implementation Guide did, before becoming a final addenda to the guide published by X12N. Only the modifications noted in this Draft Addenda will be considered in the NPRM. Once this Draft addenda is approved for publication by X12N, the value used in GS08 will be "004010X093A1".**

New code value